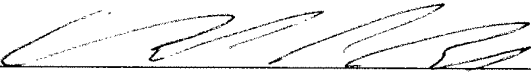


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2011</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Attorney Docket No.  8734.230
Application Number: 10/660,655		Filed: September 12, 2003
For: DISPENSER FOR CUTTING LIQUID CRYSTAL DISPLAY PANEL AND METHOD FOR CONTROLLING GAP BETWEEN SUBSTRATE AND NOZZLE USING THE SAME		
Art Unit: 1712	Examiner: Tabassom Tadayyon Eslami	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$130 \$490 \$1110 \$1730 \$2350	\$65      \$ 130.00 \$245 \$555 \$865 \$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> .		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>50,961</u>		
 _____ Signature	February 28, 2011 _____ Date	
Michael P. Alexander _____ Typed or printed name	(202) 496-7500 _____ Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</small>		
<input type="checkbox"/> Total of _____ forms are submitted.		